



Barcode Number _____
 Copy barcode number from chain of custody form

**CITY OF HOUSTON
 HUMAN RESOURCES DEPARTMENT
 APPLICANT NOTIFICATION
 AND INFORMED CONSENT FORM**

I consent to this request for a urine specimen to perform a comprehensive test for drugs pursuant to the City of Houston’s Policy on Controlled Substance & Alcohol Abuse, I authorize the release of the results of the tests to the authorized City of Houston Officials and, if applicable, a third-party physician.
 Executive Order 1-12 can be viewed in its entirety by assessing the link at www.houstontx.gov/Executive-Orders

I understand refusal to consent to or provide my urine specimen for a drug test will terminate my hiring process.

I understand the urine specimen collected pursuant to this Policy will be used only to test for those drugs included in the Policy and may not be used to conduct any other analysis or test unless otherwise authorized by law.

I acknowledge I have been notified of this Policy. Further, I understand that if the drug test is confirmed to be positive, I am ineligible to be hired by the City of Houston.

CHECK ONE:

<input type="radio"/>	I consent to a drug test
<input type="radio"/>	I do not consent to a drug test

Applicant Signature

Date

Applicant Name (First, Middle Initial, Last)		Driver’s License Number	Social Security Number	
Address		City	State	Zip
Home Phone Number ()	Alternate Phone Number ()	Department Code	Department Name	